# NORTH PROVIDENCE FIRE DEPARTMENT

## Primary Fire District Report

Company CENTREDALE Company Alarm # 414 N. P. File # 1016

Date: 10 (MONTH) 5 (DAY) 74 (YEAR)

Time alarm received 5:58 P M Number of miles traveled 3

Time back in service _____ M

Time back at station 6:03 P M

Alarm received by: Box # 6122 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) GREYSTONE SCHOOL

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | ☐ Code Red | ☐ Rescue or emergency |
| ☐ Fire in dwelling | ☐ Code Yellow | ☐ Water emergency |
| ☐ Fire in brush or grass | ☒ Code Blue | ☐ Lockout |
| ☐ Fire in rubbish | | ☐ Accidental alarms |
| ☐ Fire in dump | | ☐ False alarm |
| ☐ Fire in vehicle | | ☐ Miscellaneous alarm (describe) |
| ☐ Miscellaneous fires (describe) | | |

| EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED | |
|---|---|---|---|---|---|
| | Carbon Dioxide | | Booster | | Aerial |
| | Dry Chemical | | 1½ Inch Hose | | Over 35 Feet |
| | Foam | | 2½ Inch Hose | | Under 35 Feet |
| | Pump Cans | | 3 Inch Hose | SALVAGE COVERS | |
| | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| | | | | | |
| | | | | | |
| | | | | | |

### APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 1 Ladder(s) _____ Rescue(s) _____ Car: 78

Other companies responding: _____

**MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)**

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| D. HOUDE | | |
| W. DRAPER JR | | |
| C. ZAHN | | |
| J. BOREK | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| VEHICLE | STATION | ON SCENE |
|---|---|---|
| CHIEF E. DI GIULIO | LT P. RUGGIANO | |
| | W. DRAPER SR | |
| | | |
| | | |
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**REMARKS:** CAR 78 REPORTED CODE BLUE. CAR SEEN BEHIND REAR OF SCHOOL REG. R.I. BK 221 67 FORD GALAXIE ROSE PIERCE 25 HOWARD AVE N.P.

E. Di Giulio
SIGNED BY:

CHIEF E DI GIULIO
PERSON IN CHG.

# NORTH PROVIDENCE FIRE DEPARTMENT

## Primary Fire District Report

Company CENTREDALE Company Alarm # 415 N. P. File # 1021

Date: 10 (MONTH) 6 (DAY) 74 (YEAR)

Time alarm received 8:12 P M Number of miles traveled 41

Time back in service ____ M

Time back at station 12:03 A M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) GREYSTONE AVE (OLD INDUSTRIAL PLATING)

Cause of fire SET

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| XX Fire in building | XX Code Red | ☐ Rescue or emergency |
| ☐ Fire in dwelling | ☐ Code Yellow | ☐ Water emergency |
| ☐ Fire in brush or grass | ☐ Code Blue | ☐ Lockout |
| ☐ Fire in rubbish | | ☐ Accidental alarms |
| ☐ Fire in dump | | ☐ False alarm |
| ☐ Fire in vehicle | | ☐ Miscellaneous alarm (describe) |
| ☐ Miscellaneous fires (describe) | | |

| EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED | |
|---|---|---|---|---|---|
| | Carbon Dioxide | 200' | Booster | 75 | Aerial |
| | Dry Chemical | 150' | 1½ Inch Hose | | Over 35 Feet |
| | Foam | 400' | 2½ Inch Hose | 2-24' | Under 35 Feet |
| | Pump Cans | 75' | 3 Inch Hose | 2- 14' | SALVAGE COVERS |
| | Brooms | | Other (Describe) | 1- 20' | Number Used |
| | Other (Describe) | 4 | HAND LIGHTS | | Other Equipment |
| 3 | AXES | 3- 10' | HARD SUCTION | | CORD & |
| 2 | PIKE POLES | 1 | LADDER PIPE | | JUNCTION BOX |
| 1 | SHOVEL | 1 | HOSE CLAMP | | |

### APPARATUS REPORT

Working time of pump: Hours: 3 hr minutes: LADDER GENERATOR USED 2 hr.

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1, 3, 6 Ladder(s) 1, ss 2 Rescue(s) 1 & 2 Car: 78

Other companies responding: JOHNSTON ENG 8, 5, LADDER 1 & RES 4 +/

**MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)**

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| CAPT J. MURPHY | CAPT C. SALISBURY | |
| E.PELLAND | N. PHELAND | |
| R. RATHIER | T. PERNA | |
| T. RUSSO | J. MOLLO | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **VEHICLE** | **STATION** | **ON SCENE** |
| CHIEF E, DI GIULIO | D. FORTIN | |
| W. ROY | | |
| W. DRAPER JR | | |
| D. BAZZLE | | |
| H. DARBY | | |
| L. CALISE | | |
| R. PARENTEAU | | |
| F. ROTELLA | | |
| W. DRAPER SR | | |
| | | |

**REMARKS:** CODE RED OLD PLATING CO. HEAVLEY INVOLVED LEFT SIDE UPSTARIS, BURNED THRU ROOF, THRU ATTIC. JOHNSTON RECEIVED CALL FIRST THEN NO. PROV.

Lt. E. DiGiulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

## NORTH PROVIDENCE FIRE DEPARTMENT

# Primary Fire District Report

Company CENTREDALE Company Alarm # 416 N. P. File # 1022

Date: 10 (MONTH) 7 (DAY) 74 (YEAR)

Time alarm received 5:54 A M Number of miles traveled 13

Time back in service ____ M

Time back at station 7:48 A M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) GREYSTONE AVE ( OLD INDUSTRIAL PLATING

Cause of fire RE*- KINDLE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| XX Fire in building | ☐ Code Red | ☐ Rescue or emergency |
| ☐ Fire in dwelling | XX Code Yellow | ☐ Water emergency |
| ☐ Fire in brush or grass | ☐ Code Blue | ☐ Lockout |
| ☐ Fire in rubbish | | ☐ Accidental alarms |
| ☐ Fire in dump | | ☐ False alarm |
| ☐ Fire in vehicle | | ☐ Miscellaneous alarm (describe) |
| ☐ Miscellaneous fires (describe) | | |

| EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED | |
|---|---|---|---|---|---|
| | Carbon Dioxide | | Booster | | Aerial |
| | Dry Chemical | 300' | 1½ Inch Hose | 1-35' | Over 35 Feet |
| | Foam | 250' | 2½ Inch Hose | 2- 24' | Under 35 Feet |
| | Pump Cans | | 3 Inch Hose | 2- 14' | SALVAGE COVERS |
| | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| 1 | AXE | | | | |
| 1 | HALLIGAN TOOL | | | | |
| 1 | PRY- AXE | | | | |

### APPARATUS REPORT

Working time of pump: Hours: 1 hr minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1 Ladder(s) 1 Rescue(s) ____ Car: 78

Other companies responding: ____

**MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)**

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| CAPT J. MURPHY | CAPT C. SALISBURY | |
| N. PHELAND | W. ROY | |
| J. MOLLO | | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |

| VEHICLE | STATION | ON SCENE |
|---|---|---|
| CHIEF E. DI GIULIO | H. DARBY | |
| LT E. DI GIULIO | W. DRAPER SR | |
| | | |
| | | |
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**REMARKS:** YELLOW . RE- KINDLE SOUTH WEST CORNER FOLLOWED STONE WALL UP PEAK, STRAW & OTHER MATERIAL UNDER EAVES

H. Emile Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

# Primary Fire District Report

Company CENTREDALE Company Alarm # 417 N. P. File # 1023

Date: 10 (MONTH) 7 (DAY) 74 (YEAR)

Time alarm received 7:54 A M Number of miles traveled 2

Time back in service ____ M

Time back at station 8:09 A M

Alarm received by: Box # 123 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) GREYSTONE & WATERMAN

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | ☐ Code Red | XX Rescue or emergency |
| ☐ Fire in dwelling | ☒ Code Yellow | ☐ Water emergency |
| ☐ Fire in brush or grass | ☐ Code Blue | ☐ Lockout |
| ☐ Fire in rubbish | | ☐ Accidental alarms |
| ☐ Fire in dump | | ☐ False alarm |
| ☐ Fire in vehicle | | ☐ Miscellaneous alarm (describe) |
| ☐ Miscellaneous fires (describe) | | CAR ACCIDENT |

| EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED | |
|---|---|---|---|---|---|
| | Carbon Dioxide | | Booster | | Aerial |
| | Dry Chemical | | 1½ Inch Hose | | Over 35 Feet |
| | Foam | | 2½ Inch Hose | | Under 35 Feet |
| | Pump Cans | | 3 Inch Hose | SALVAGE COVERS | |
| | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| | | | | | |
| | | | | | |
| | | | | | |

## APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1, 3, 6 Ladder(s) 1 Rescue(s) SS 1 Car: 1

Other companies responding: ____

**MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)**

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| CHIEF E. DI GIULIO | CAPT C. SALISBURY | |
| CAPT J. MURPHY | LT E. DI GIULIO | |
| W. ROY | N. PHELAND | |
| B. DI GIULIO | | |
| J. MOLLO | | |
| | | |
| | | |
| | | |
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| | | |

| VEHICLE | STATION | ON SCENE |
|---|---|---|
| W. DRAPER SR | | |
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**REMARKS:** WOMEN HIT CEMENT WALL, REFUSED MED- AID
HOPE BAXTER 96 WATERMAN AVE D.O.B. 06/ 03/ 17
71 CHEV. CHEVELL R.I. REG. rb 838

Lt Ernest E. Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

## NORTH PROVIDENCE FIRE DEPARTMENT

# Primary Fire District Report

Company CENTREDALE Company Alarm # 418 N. P. File # 1026

Date: 10 (MONTH) 9 (DAY) 74 (YEAR)

Time alarm received 1:22 P M Number of miles traveled 22

Time back in service M

Time back at station 4:04 P M

Alarm received by: Box # Phone XX Other (Describe)

Location of alarm: (Street and Number) 131 FARNUM AVE

Cause of fire UNDER INVESTIGATION

Description of building or occupancy:

Owner of building or occupancy: BILLIE BURILLE

Owner's address: SAME

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | XX Code Red | ☐ Rescue or emergency |
| XX Fire in dwelling | ☐ Code Yellow | ☐ Water emergency |
| ☐ Fire in brush or grass | ☐ Code Blue | ☐ Lockout |
| ☐ Fire in rubbish | | ☐ Accidental alarms |
| ☐ Fire in dump | | ☐ False alarm |
| ☐ Fire in vehicle | | ☐ Miscellaneous alarm (describe) |
| ☐ Miscellaneous fires (describe) | | |

| EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED | |
|---|---|---|---|---|---|
| | Carbon Dioxide | | Booster | | Aerial |
| | Dry Chemical | 400' | 1½ Inch Hose | | Over 35 Feet |
| | Foam | 550' | 2½ Inch Hose | 1- 24' | Under 35 Feet |
| | Pump Cans | | 3 Inch Hose | 1- 14' | SALVAGE COVERS |
| | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| 2 | AXES | | | | |
| 2 | PIKE POLES | | | | |
| 2 | SCOTT AIR PAK | | | | |

## APPARATUS REPORT

Working time of pump: Hours: 1½ hr minutes:

Defects on apparatus after alarm (if any):

Companies responding:

Engines(s) 1, 6, ss 3 Ladder(s) 1 Rescue(s) 2 Car: 1

Other companies responding:

**MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)**

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| CAPT J. MURPHY | CAPT C. SALISBURY | |
| LT E. DI GIULIO | LT P. RUGGIANO | |
| D. FORTIN | | |
| D. BAZZLE | | |
| B. DI GIULIO | | |
| J. MOLLO | | |
| | | |
| | | |
| | | |
| | | |

| VEHICLE | STATION | ON SCENE |
|---|---|---|
| CHIEF MORRISSEY | | |
| W. DRAPER SR | | |
| | | |
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**REMARKS:** CODE RED LEFT SIDE OF HOUSE FULLY INVOLVED
HOUSE MAY HAVE BEEN RAMSACKED. POLICE & FIRE MARSHAL INVESTIGATING
HEAVY FIRE DAMAGE THRUOUT, FIRE BURNED THRU ROOF ONE SECTION
ENG 7 WAS OUT OF SERVICE, THEN CAME DOWN LATER

Lt Ernest Di Giulio
SIGNED BY:

CAPTAIN JOHN MURPHY
PERSON IN CHG.

# NORTH PROVIDENCE FIRE DEPARTMENT

## Secondary Fire District Report

Company CENTREDALE Company Alarm # 419 N. P. File # 1027

Date: 10/10/74 (MONTH / DAY / YEAR)

Time alarm received 12:02 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 12:21 P M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) 451 SMITHFIELD RD.

Cause of fire COOKING

Description of building or occupancy: 1 STORY

Owner of building or occupancy: JOSEPH NOTORANTONIO

Owner's address: SAME

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | ☐ Code Red | ☐ Rescue or emergency |
| XX ☐ Fire in dwelling | XX ☐ Code Yellow | ☐ Water emergency |
| ☐ Fire in brush or grass | ☐ Code Blue | ☐ Lockout |
| ☐ Fire in rubbish | | ☐ Accidental alarms |
| ☐ Fire in dump | | ☐ False alarm |
| ☐ Fire in vehicle | | ☐ Miscellaneous alarm (describe) |
| ☐ Miscellaneous fires (describe) | | |

| EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED | |
|---|---|---|---|---|---|
| | Carbon Dioxide | | Booster | | Aerial |
| | Dry Chemical | | 1½ Inch Hose | | Over 35 Feet |
| | Foam | | 2½ Inch Hose | 14' | Under 35 Feet |
| | Pump Cans | | 3 Inch Hose | SALVAGE COVERS | |
| | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| | | | | 2 | SMOKE EJECTORS |
| | | | | | DEORIZER |
| | | | | | |

### APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: #3. #1. #1.

Engines(s) ____ Ladder(s) ____ Rescue(s) ____ Car: ____

Other companies responding: ____

**MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)**

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| LT. E. DI GIULIO | CAPT. C. SALISBURY | |
| D. FORTIN | P. RUGGIANO | |
| J. MOLLO | | |
| B. DI GIULIO | | |
| L. CALISE | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| VEHICLE | STATION | ON SCENE |
|---|---|---|
| W. ROY | | |
| D. BAZZLE | | |
| W. DRAPER | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
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**REMARKS:** GREASE ON STOVE, OUT ON ARRIVEAL. SMOKE IN HOUSE. CLEARD WITH SMOKE EJECTORS.

B. di Giulio

SIGNED BY:

B. DI GIULIO

PERSON IN CHG.

## NORTH PROVIDENCE FIRE DEPARTMENT

# Secondary Fire District Report

Company CENTREDALE Company Alarm # 420 N. P. File # 1031

Date: 10/11/74 (MONTH / DAY / YEAR)

Time alarm received 11:09 P.M Number of miles traveled 3

Time back in service ____ M

Time back at station 11:15 P.M

Alarm received by: Box # 422 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) )NLEY & OBSERVATORY

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | ☐ Code Red | ☐ Rescue or emergency |
| ☐ Fire in dwelling | ☐ Code Yellow | ☐ Water emergency |
| ☐ Fire in brush or grass | ☒ Code Blue | ☐ Lockout |
| ☐ Fire in rubbish | | ☐ Accidental alarms |
| ☐ Fire in dump | | ☐ False alarm |
| ☐ Fire in vehicle | | ☐ Miscellaneous alarm (describe) |
| ☐ Miscellaneous fires (describe) | | |

| EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED | |
|---|---|---|---|---|---|
| | Carbon Dioxide | | Booster | | Aerial |
| | Dry Chemical | | 1½ Inch Hose | | Over 35 Feet |
| | Foam | | 2½ Inch Hose | | Under 35 Feet |
| | Pump Cans | | 3 Inch Hose | SALVAGE COVERS | |
| | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| | | | | | |
| | | | | | |
| | | | | | |

## APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #7. #6. Ladder(s) #1. Rescue(s) ____ Car: ____

Other companies responding: ____

**MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)**

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| | CHIEF E. DI GIULIO | |
| | W. ROY | |
| | D. FORTIN | |
| | N. PHELAND | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| VEHICLE | STATION | ON SCENE |
|---|---|---|
| | CAPT. J. MURPHY | |
| | LT. P. RUGGIANO | |
| | E. PELLAND | |
| | T. PERNA | |
| | C. ZAHN | |
| | | |
| | | |
| | | |
| | | |
| | | |

**REMARKS:** CODE BLUE.

R. Di Giulio
SIGNED BY:

W. ROY
PERSON IN CHG.

# NORTH PROVIDENCE FIRE DEPARTMENT

## Secondary Fire District Report

Company CENTREDALE Company Alarm # 421 N. P. File # 1037

Date: 10/12/74
MONTH DAY YEAR

Time alarm received 8:03 P. M Number of miles traveled 0

Time back in service ____ M

Time back at station 8:06 P. M

Alarm received by: Box # 431 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) TAYLAR & WHIPPLE CT.

Cause of fire CODE BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | ☐ Code Red | ☐ Rescue or emergency |
| ☐ Fire in dwelling | ☐ Code Yellow | ☐ Water emergency |
| ☐ Fire in brush or grass | XX ☐ Code Blue | ☐ Lockout |
| ☐ Fire in rubbish | | ☐ Accidental alarms |
| ☐ Fire in dump | | ☐ False alarm |
| ☐ Fire in vehicle | | ☐ Miscellaneous alarm (describe) |
| ☐ Miscellaneous fires (describe) | | |

| | EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED |
|---|---|---|---|---|---|
| | Carbon Dioxide | | Booster | | Aerial |
| | Dry Chemical | | 1½ Inch Hose | | Over 35 Feet |
| | Foam | | 2½ Inch Hose | | Under 35 Feet |
| | Pump Cans | | 3 Inch Hose | | SALVAGE COVERS |
| | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| | | | | | |
| | | | | | |
| | | | | | |

### APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 37.1. Ladder(s) #1. Rescue(s) ____ Car: #1.

Other companies responding: ____

**MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)**

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
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| | | |
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| | | |

| VEHICLE | STATION | ON SCENE |
|---|---|---|
| | CHIEF E. DI GIULIO | |
| | LT. P. RUGGIANO | |
| | T. RUSSO | |
| | J. MOLLO | |
| | | |
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| | | |

**REMARKS:** CODE BLUE FROM CAR #1.

(TRUCKS DID NOT LEAVE STATION)

SIGNED BY: E. Di Giulio

CHIEF E. DI GIULIO

PERSON IN CHG.

# NORTH PROVIDENCE FIRE DEPARTMENT

## Primary Fire District Report

Company CENTREDALE Company Alarm # 422 N. P. File # 1038

Date: 10/13/74
MONTH DAY YEAR

Time alarm received 1:14 A. M Number of miles traveled 2

Time back in service _____ M

Time back at station 1:34 A. M

Alarm received by: Box # 121 Phone _____ Other _____ (Describe)

Location of alarm: (Street and Number) MINERAL SPRING & BYPASS

Cause of fire AUTO ACCIDENT

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | ☐ Code Red | ☒ XX Rescue or emergency |
| ☐ Fire in dwelling | ☐ Code Yellow | ☐ Water emergency |
| ☐ Fire in brush or grass | ☐ Code Blue | ☐ Lockout |
| ☐ Fire in rubbish | | ☐ Accidental alarms |
| ☐ Fire in dump | | ☐ False alarm |
| ☐ Fire in vehicle | | ☐ Miscellaneous alarm (describe) |
| ☐ Miscellaneous fires (describe) | | AUTO ACCIDENT |

| EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED | |
|---|---|---|---|---|---|
| | Carbon Dioxide | | Booster | | Aerial |
| | Dry Chemical | | 1½ Inch Hose | | Over 35 Feet |
| | Foam | | 2½ Inch Hose | | Under 35 Feet |
| | Pump Cans | | 3 Inch Hose | SALVAGE COVERS | |
| 2 | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| | | | | | FRIST AID KIT |
| | | | | | |
| | | | | | |

### APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #1.6.3. Ladder(s) #1. Rescue(s) SS#1. Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| D. FORTIN | J. MOLLO | |
| R. RATHIER | D. BAZZLE | |
| J. LANE | W. MC KENNA (F.H.) | |
| T. PERNA | | |
| N. PHELAND | | |
| | | |
| | | |
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| | | |

| VEHICLE | STATION | ON SCENE |
|---|---|---|
| CHIEF E. DI GIULIO | | |
| LT. E. DI GIULIO | | |
| W. ROY | | |
| J. MURPHY SR. | | |
| | | |
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REMARKS: AUTO ACCIDENT AT THE BYPASS. R.I.REG.PM582,CHRYLESR,67. BLUE.

D.M. SWEET
19 MILTON, ST.
JOHNSTON,R.I.

LUCA1, CADDALAC, 74 LIGHT BLUE
JOSPH LUCA
1 RIVER RD.
NO. PROV.R.I.

B. Di Giulio
SIGNED BY:

CHIEF E. DIMGIULIO
PERSON IN CHG.

RES. 1069
Co. 422

# NO. PROVIDENCE FIRE DEPARTMENT
## – SECONDARY RESCUE REPORTS –

DATE: 10/13/74 TIME: ARRIVED 1:14 A.M. RETURNED 1:34 A.M.

NAME: BARBARA SWEET AGE: 34

ADDRESS: 19 MILTON, ST. JOHNSTON, R.I. ALARM BY: BOX 121

LOCATION OF RESCUE CENTREDALE BYPASS (AUTO ACCIDENY)

## EXAMINATION

SKULL * LARERATIONS ON FOREHEAD

EYES *

EARS *

NOSE *

MOUTH *

CHEST *

ABDOMEN *

UPPER EXTREMITIES *

LOWER EXTREMITIES *

POSITION OF PATIENT WHEN FOUND: SITTING

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN) YES

PATIENT TRANSPORTED TO: ROGER WILLIAMS HOSPT. BY RES.#1.

IF PATIENT WAS NOT TRANSPORTED EXPLAIN:

* NORMAL – No visible signs of lacerations, abrasions, discoloration, swelling, bleeding or fractures. No complaints of pain.

## REMARKS -- (List First Aid Given, If Any)

LACERATION ABOVE LIP AND FOREHEAD.

SIGNED: B. Di Giulio OFFICER IN CHARGE: CHIEF E. DI GIULIO

ENG.#1.

RESCUE CO. NO. _____

# NORTH PROVIDENCE FIRE DEPARTMENT

## Primary Fire District Report

Company CENTREDALE Company Alarm # 423 N. P. File # 1039

Date: 10/13/74
MONTH DAY YEAR

Time alarm received 11:43 A M Number of miles traveled

Time back in service M

Time back at station 12:01 P M

Alarm received by: Box # Phone XX Other (Describe)

Location of alarm: (Street and Number) 379 SUNSET AVE.

Cause of fire SHORT CIRCUIT

Description of building or occupancy: APT. HOUSE WILLIAM HENERY APT. 8

Owner of building or occupancy: SALVATORE MOIO

Owner's address:

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | ☐ Code Red | ☐ Rescue or emergency |
| ☒ Fire in dwelling | XK ☐ Code Yellow | ☐ Water emergency |
| ☐ Fire in brush or grass | ☐ Code Blue | ☐ Lockout |
| ☐ Fire in rubbish | | ☐ Accidental alarms |
| ☐ Fire in dump | | ☐ False alarm |
| ☐ Fire in vehicle | | ☐ Miscellaneous alarm (describe) |
| ☐ Miscellaneous fires (describe) | | |

| EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED | |
|---|---|---|---|---|---|
| | Carbon Dioxide | 50' | Booster 1" | | Aerial |
| | Dry Chemical | | 1½ Inch Hose | | Over 35 Feet |
| | Foam | | 2½ Inch Hose | | Under 35 Feet |
| | Pump Cans | | 3 Inch Hose | SALVAGE COVERS | |
| | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| | | | | 1 | PRY AXE |
| | | | | | TOOL KIT |
| | | | | 1 | PIKE POLE |

### APPARATUS REPORT

Working time of pump: Hours: 10 minutes:

Defects on apparatus after alarm (if any):

Companies responding:

Engines(s) #1.6.3. Ladder(s) #1. Rescue(s) Car #1.

Other companies responding:

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| LT. P. RUGGIANO | E. PELLAND | |
| W. ROY | T. PERNA | |
| D. FORTIN | D. BAZZLE | |
| R. RATHIER | S. COPPA | |
| W. DRAPER JR. | N. PHELAND | |
| T. RUSSO | F. ROTELLA | |
| | | |
| | | |
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| VEHICLE | STATION | ON SCENE |
|---|---|---|
| CHIEF E. DI GIULIO | | |
| W. DRAPER | | |
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REMARKS: SHORT CIRCUIT IN ELECTRIC HEAT WIREING.
CHARRED BASEBOARD AND WALL.

E. Di Giulio
SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

# NORTH PROVIDENCE FIRE DEPARTMENT

## Secondary Fire District Report

Company CENTREDALE Company Alarm # 424 N. P. File # 1045

Date: 10/16/74
MONTH DAY YEAR

Time alarm received 6:34 P M Number of miles traveled 4

Time back in service M

Time back at station 6:37 P M

Alarm received by: Box # 512 Phone Other (Describe)

Location of alarm: (Street and Number) WOONASQUATUCKET AT OAK

Cause of fire BLUE

Description of building or occupancy:

Owner of building or occupancy:

Owner's address:

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | ☐ Code Red | ☐ Rescue or emergency |
| ☐ Fire in dwelling | ☐ Code Yellow | ☐ Water emergency |
| ☐ Fire in brush or grass | ☒ Code Blue | ☐ Lockout |
| ☐ Fire in rubbish | | ☐ Accidental alarms |
| ☐ Fire in dump | | ☐ False alarm |
| ☐ Fire in vehicle | | ☐ Miscellaneous alarm (describe) |
| ☐ Miscellaneous fires (describe) | | |

| EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED | |
|---|---|---|---|---|---|
| | Carbon Dioxide | | Booster | | Aerial |
| | Dry Chemical | | 1½ Inch Hose | | Over 35 Feet |
| | Foam | | 2½ Inch Hose | | Under 35 Feet |
| | Pump Cans | | 3 Inch Hose | SALVAGE COVERS | |
| | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| | | | | | |
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### APPARATUS REPORT

Working time of pump: Hours: minutes:

Defects on apparatus after alarm (if any):

Companies responding:

Engines(s) #6, 1. Ladder(s) #1. Rescue(s) Car: #78

Other companies responding:

**MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)**

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| W. ROY | E. PELLAND | |
| D. FORTIN | C. ZAHN | |
| W. DRAPER JR. | D. BAZZLE | |
| T. RUSSO | | |
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| **VEHICLE** | **STATION** | **ON SCENE** |
| CHIEF E. DI GIULIO | CAPT. C. SALISBURY | |
| | D. HOUDE | |
| | T. PERNA | |
| | R. PARENTEAU | |
| | | |
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**REMARKS:** CODE BLUE

B. Wm Gruber
SIGNED BY:

W. ROY
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

# Primary Fire District Report

Company CENTREDALE Company Alarm # 425 N. P. File # 1046

Date: 10/17/74
MONTH DAY YEAR

Time alarm received 9:08 A M Number of miles traveled 0

Time back in service 9:16 A M

Time back at station 9:17 A M

Alarm received by: Box # _____ Phone XX Other _____ (Describe)

Location of alarm: (Street and Number) REAR 1903 MINERAL SPRING AVE.

Cause of fire BURNING

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | ☐ Code Red | ☐ Rescue or emergency |
| ☐ Fire in dwelling | XX Code Yellow | ☐ Water emergency |
| ☐ Fire in brush or grass | ☐ Code Blue | ☐ Lockout |
| XX Fire in rubbish | | ☐ Accidental alarms |
| ☐ Fire in dump | | ☐ False alarm |
| ☐ Fire in vehicle | | ☐ Miscellaneous alarm (describe) |
| ☐ Miscellaneous fires (describe) | | |

| EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED | |
|---|---|---|---|---|---|
| | Carbon Dioxide | 10' | Booster 1" | | Aerial |
| | Dry Chemical | | 1½ Inch Hose | | Over 35 Feet |
| | Foam | | 2½ Inch Hose | | Under 35 Feet |
| | Pump Cans | | 3 Inch Hose | SALVAGE COVERS | |
| | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| | | | | | |
| | | | | | |
| | | | | | |

## APPARATUS REPORT

Working time of pump: Hours: _____ minutes: 3

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #1. Ladder(s) _____ Rescue(s) _____ Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| CAPT. C. SALISBURBY | | |
| B. DI GIULIO | | |
| D. BAZZLE | | |
| P. RUGGIANO | | |
| | | |
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| VEHICLE | STATION | ON SCENE |
|---|---|---|
| | LT. E. DI GIULIO | |
| | J.MOLLO | |
| | | |
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REMARKS: RUBBISH FIRE IN BARREL BURNER.

B. Di Giulio

SIGNED BY:

CAPT. C. SALISBURY

PERSON IN CHG.

# NORTH PROVIDENCE FIRE DEPARTMENT

## Secondary Fire District Report

Company CENTREDALE Company Alarm # 426 N. P. File # 1047

Date: 10/17/74
MONTH DAY YEAR

Time alarm received 1:46 P M

Time back in service 2:17 P M

Time back at station 2:22 P M

Number of miles traveled 3

Alarm received by: Box # _____ Phone XX Other _____ (Describe)

Location of alarm: (Street and Number) 30 JUSTICE ST.

Cause of fire COOKING

Description of building or occupancy: _____

Owner of building or occupancy: VACCA

Owner's address: _____

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | ☐ Code Red | ☐ Rescue or emergency |
| XX ☐ Fire in dwelling | XX ☐ Code Yellow | ☐ Water emergency |
| ☐ Fire in brush or grass | ☐ Code Blue | ☐ Lockout |
| ☐ Fire in rubbish | | ☐ Accidental alarms |
| ☐ Fire in dump | | ☐ False alarm |
| ☐ Fire in vehicle | | ☐ Miscellaneous alarm (describe) |
| ☐ Miscellaneous fires (describe) | | |

| EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED | |
|---|---|---|---|---|---|
| | Carbon Dioxide | | Booster | | Aerial |
| | Dry Chemical | | 1½ Inch Hose | | Over 35 Feet |
| | Foam | | 2½ Inch Hose | | Under 35 Feet |
| | Pump Cans | | 3 Inch Hose | SALVAGE COVERS | |
| | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| | | | | 2 | SMOKE EJECTORS |
| | | | | | CORDS |
| | | | | | SCREW DRIVER |

### APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #7, 1. Ladder(s) #1. Rescue(s) _____ Car: #1/

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| CAPT. SALISBURY | LT. E. DI GIULIO | |
| B. DI GIULIO | C. ZAHN | |
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| VEHICLE | STATION | ON SCENE |
|---|---|---|
| N. PHELAND | D. FORTIN | |
| W. DRAPER | J. MOLLO | |
| | D. BAZZLE | |
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REMARKS: CODE YELLOW FOR ENG.#7, LADD.#1.

B Di Giulio
SIGNED BY:

CAPT. C. SALISBURY
PERSON IN CHG.

## NORTH PROVIDENCE FIRE DEPARTMENT

# Primary Fire District Report

Company CENTREDALE Company Alarm # 427 N. P. File # 1051

Date: 10/19/74 (MONTH / DAY / YEAR)

Time alarm received 10:14 PM Number of miles traveled 1

Time back in service ____ M

Time back at station 10:31 PM

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) ANGELL AVE. (REAR CENTREDALE SCHOOL)

Cause of fire SET

Description of building or occupancy: ____

Owner of building or occupancy: TOWN OF NORTH PROVEDENCE.

Owner's address: ____

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | ☐ Code Red | ☐ Rescue or emergency |
| ☐ Fire in dwelling | XX ☐ Code Yellow | ☐ Water emergency |
| XX ☐ Fire in brush or grass | ☐ Code Blue | ☐ Lockout |
| ☐ Fire in rubbish | | ☐ Accidental alarms |
| ☐ Fire in dump | | ☐ False alarm |
| ☐ Fire in vehicle | | ☐ Miscellaneous alarm (describe) |
| ☐ Miscellaneous fires (describe) | | |

| EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED | |
|---|---|---|---|---|---|
| | Carbon Dioxide | | Booster | | Aerial |
| | Dry Chemical | | 1½ Inch Hose | | Over 35 Feet |
| | Foam | | 2½ Inch Hose | | Under 35 Feet |
| 1 | Pump Cans | | 3 Inch Hose | SALVAGE COVERS | |
| 1 | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| | | | | 1 | HANDLIGHT |
| | | | | | |
| | | | | | |

### APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1. Ladder(s) ____ Rescue(s) ____ Car: ____

Other companies responding: ____

**MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)**

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| P. RUGGIANO | | |
| W. ROY | | |
| T. PERNA | | |
| D. BAZZLE | | |
| | | |
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| VEHICLE | STATION | ON SCENE |
|---|---|---|
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**REMARKS:** SMALL CAMPFIRE NEAR EDGE OF WOODS.

B. W. Gaudis
SIGNED BY:

W. ROY
PERSON IN CHG.

## NORTH PROVIDENCE FIRE DEPARTMENT

# Primary Fire District Report

Company CENTREDALE Company Alarm # 428 N. P. File # 1053

Date: 10/21/74
MONTH DAY YEAR

Time alarm received 9:05 PM M Number of miles traveled 3

Time back in service _____ M

Time back at station 9:14 P M

Alarm received by: Box # _____ Phone XX Other _____ (Describe)

Location of alarm: (Street and Number) GREYSTONE AVE. (WORCESTER TEXTILE)

Cause of fire BLUE

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | ☐ Code Red | ☐ Rescue or emergency |
| ☐ Fire in dwelling | ☐ Code Yellow | ☐ Water emergency |
| ☐ Fire in brush or grass | ☒ Code Blue | ☐ Lockout |
| ☐ Fire in rubbish | | ☐ Accidental alarms |
| ☐ Fire in dump | | ☐ False alarm |
| ☐ Fire in vehicle | | ☐ Miscellaneous alarm (describe) |
| ☐ Miscellaneous fires (describe) | | |

| EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED | |
|---|---|---|---|---|---|
| | Carbon Dioxide | | Booster | | Aerial |
| | Dry Chemical | | 1½ Inch Hose | | Over 35 Feet |
| | Foam | | 2½ Inch Hose | | Under 35 Feet |
| | Pump Cans | | 3 Inch Hose | SALVAGE COVERS | |
| | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| | | | | | |
| | | | | | |
| | | | | | |

### APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #1. Ladder(s) _____ Rescue(s) _____ Car: _____

Other companies responding: _____

**MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)**

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| E. PELLAND | | |
| D. FORTIN | | |
| R. RATHIER | | |
| T. PERNA | | |
| D. BAZZLE | | |
| | | |
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| VEHICLE | STATION | ON SCENE |
|---|---|---|
| D. HOUDE | LT. F. BURSEE | |
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**REMARKS:** CODE BLUE

E. PELLAND
SIGNED BY:

E. PELLAND
PERSON IN CHG.

## NORTH PROVIDENCE FIRE DEPARTMENT

# Primary Fire District Report

Company CENTREDALE Company Alarm # 429 N. P. File # 1054

Date: 10/21/74 (MONTH / DAY / YEAR)

Time alarm received 10:15 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 10:40 P M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) SMITH & STEERE

Cause of fire AUTO ACCIDENT

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | ☐ Code Red | XX Rescue or emergency |
| ☐ Fire in dwelling | XX Code Yellow | ☐ Water emergency |
| ☐ Fire in brush or grass | ☐ Code Blue | ☐ Lockout |
| ☐ Fire in rubbish | | ☐ Accidental alarms |
| ☐ Fire in dump | | ☐ False alarm |
| ☐ Fire in vehicle | | ☐ Miscellaneous alarm (describe) |
| ☐ Miscellaneous fires (describe) | | AUTO ACCIDENT |

| EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED | |
|---|---|---|---|---|---|
| | Carbon Dioxide | | Booster | | Aerial |
| | Dry Chemical | | 1½ Inch Hose | | Over 35 Feet |
| | Foam | | 2½ Inch Hose | | Under 35 Feet |
| | Pump Cans | | 3 Inch Hose | SALVAGE COVERS | |
| | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| | | | | 3 | HANDLIGHTS |
| | | | | | |
| | | | | | |

## APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1. Ladder(s) ____ Rescue(s) #1. Car: ____

Other companies responding: ____

**MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)**

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| ~~CAPT. J. MURPHY~~ | | |
| ~~LT. F. BURSIE~~ | | |
| ~~W. ROY~~ | | |
| ~~E. PELLAND~~ | | |
| ~~D. FORTIN~~ | | |
| ~~R. RATHIER~~ | | |
| ~~D. BAZZLE~~ | | |
| | | |
| | | |
| | | |

| VEHICLE | STATION | ON SCENE |
|---|---|---|
| D. HOUDE | CHIEF E. DI GIULIO | |
| W. DRAPER JR. | N. PHELAND | |
| T. RUSSO | | |
| T. PERNA | | |
| | | |
| | | |
| | | |
| | | |
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| | | |

**REMARKS:** CALLED FOR ACCIDENT, TURNED OUT, POLE CUT IN HALF BY CAR THAT WAS PARKED AND RELEASED BY 2 YOUTHS, R.I. REG.1c431, FORD MUSTANG. CAR AT SMITH CH 775 FORD, FOUND MERCHANDISE IN REAR OF CAR. REPORTED TO POLICE WHO CONFISCATED CAR AND TOWED TO HDG.

B W Gurley

SIGNED BY:

CAPT. J. MURPHY

PERSON IN CHG.

# NORTH PROVIDENCE FIRE DEPARTMENT

## Primary Fire District Report

Company CENTREDALE Company Alarm # 430 N. P. File # 1055

Date: 10/22/74
MONTH DAY YEAR

Time alarm received 12:10 P M Number of miles traveled 1

Time back in service 12:18 P M

Time back at station _____ M

Alarm received by: Box # _____ Phone XX Other _____ (Describe)

Location of alarm: (Street and Number) 64 EDDEY ST.

Cause of fire LOCKOUT

Description of building or occupancy: F. MARRCOTTE

Owner of building or occupancy: _____

Owner's address: _____

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | ☐ Code Red | ☐ Rescue or emergency |
| ☐ Fire in dwelling | ☐ Code Yellow | ☐ Water emergency |
| ☐ Fire in brush or grass | ☐ Code Blue | ☐ Lockout |
| ☐ Fire in rubbish | | ☐ Accidental alarms |
| ☐ Fire in dump | | ☐ False alarm |
| ☐ Fire in vehicle | | XX ☐ Miscellaneous alarm (describe) |
| ☐ Miscellaneous fires (describe) | | LOCKOUT |

| EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED | |
|---|---|---|---|---|---|
| | Carbon Dioxide | | Booster | | Aerial |
| | Dry Chemical | | 1½ Inch Hose | | Over 35 Feet |
| | Foam | | 2½ Inch Hose | 24' | Under 35 Feet |
| | Pump Cans | | 3 Inch Hose | SALVAGE COVERS | |
| | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| | | | | | |
| | | | | | |
| | | | | | |

### APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) _____ Ladder(s) #1. Rescue(s) _____ Car: _____

Other companies responding: _____

**MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)**

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| | LT. E. DI GIULIO | |
| | W. ROY | |
| | D. BAZZLE | |
| | | |
| | | |
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| | | |
| **VEHICLE** | **STATION** | **ON SCENE** |
| | CAPT. C. SALISBURY | |
| | B. DI GIULIO | |
| | | |
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| | | |
| | | |
| | | |
| | | |

**REMARKS:**

[redacted] SIGNED BY: B. di Giulio

W. ROY

PERSON IN CHG.

## NORTH PROVIDENCE FIRE DEPARTMENT

# Primary Fire District Report

Company CENTREDALE Company Alarm # 431 N. P. File # 1056

Date: 10/22/74 (MONTH / DAY / YEAR)

Time alarm received 4.25 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 4:38 P M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) REAR 68 JACKSONIA DR.

Cause of fire SET

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | ☐ Code Red | ☐ Rescue or emergency |
| ☐ Fire in dwelling | XX Code Yellow | ☐ Water emergency |
| XX Fire in brush or grass | ☐ Code Blue | ☐ Lockout |
| ☐ Fire in rubbish | | ☐ Accidental alarms |
| ☐ Fire in dump | | ☐ False alarm |
| ☐ Fire in vehicle | | ☐ Miscellaneous alarm (describe) |
| ☐ Miscellaneous fires (describe) | | |

| | EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED |
|---|---|---|---|---|---|
| | Carbon Dioxide | | Booster | | Aerial |
| | Dry Chemical | | 1½ Inch Hose | | Over 35 Feet |
| | Foam | | 2½ Inch Hose | | Under 35 Feet |
| 1 | Pump Cans | | 3 Inch Hose | | SALVAGE COVERS |
| 1 | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| | | | | | |
| | | | | | |
| | | | | | |

## APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1. ____ Ladder(s) ____ Rescue(s) ____ Car: ____

Other companies responding: ____

**MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)**

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| CAPT? J. MURPHY | | |
| P. RUGGIANO | | |
| B. DI GIULIO | | |
| D. BAZZLE | | |
| N. PHELAND | | |
| L. CALISE | | |
| | | |
| | | |
| | | |
| | | |
| **VEHICLE** | **STATION** | **ON SCENE** |
| | CAPT. C. SALISBURY | |
| | LT. E. DI GIULIO | |
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**REMARKS:** SMALL AREA BURNING.

B. Di Giulio

SIGNED BY:

CAPT. J. MURPHY

PERSON IN CHG.

## NORTH PROVIDENCE FIRE DEPARTMENT

# Primary Fire District Report

Company CENTREDALE Company Alarm # 432 N. P. File # 1058

Date: 10/22/74
MONTH DAY YEAR

Time alarm received 6:02 P M Number of miles traveled 6

Time back in service ____ M

Time back at station 6:25 P M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) WATERMAN AVE. (ACROSS WHITEHALL BLG.)

Cause of fire SET

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | ☐ Code Red | ☐ Rescue or emergency |
| ☐ Fire in dwelling | XX ☐ Code Yellow | ☐ Water emergency |
| XX ☐ Fire in brush or grass | ☐ Code Blue | ☐ Lockout |
| ☐ Fire in rubbish | | ☐ Accidental alarms |
| ☐ Fire in dump | | ☐ False alarm |
| ☐ Fire in vehicle | | ☐ Miscellaneous alarm (describe) |
| ☐ Miscellaneous fires (describe) | | |

| EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED | |
|---|---|---|---|---|---|
| | Carbon Dioxide | 200' | Booster 1" | | Aerial |
| | Dry Chemical | | 1½ Inch Hose | | Over 35 Feet |
| | Foam | | 2½ Inch Hose | | Under 35 Feet |
| | Pump Cans | | 3 Inch Hose | SALVAGE COVERS | |
| | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| | | | | | |
| | | | | | |
| | | | | | |

## APPARATUS REPORT

Working time of pump: Hours: ____ minutes: 10

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #1. Ladder(s) ____ Rescue(s) ____ Car: #78

Other companies responding: ____

**MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)**

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| P. RUGGIANO | | |
| D. FORTIN | | |
| T. PERNA | | |
| D. BAZZLE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| VEHICLE | STATION | ON SCENE |
|---|---|---|
| CHIEF E. DI GIULIO | CAPT. J. MURPHY | |
| W. DRAPER | LT. E. DI GIULIO | |
| | R. RATHIER | |
| | W. DRAPER JR. | |
| | T. RUSSO | |
| | N. PHELAND | |
| | | |
| | | |
| | | |
| | | |

**REMARKS:** BRUSH FIRE ON ST. MARYS RD.

SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

## NORTH PROVIDENCE FIRE DEPARTMENT

# Primary Fire District Report

Company CENTREDALE Company Alarm # 433 N. P. File # 1063

Date: 10/24/74 (MONTH / DAY / YEAR)

Time alarm received 3:06 P M Number of miles traveled

Time back in service 3:17 P M

Time back at station 3:20 P M

Alarm received by: Box # Phone XX Other (Describe)

Location of alarm: (Street and Number) 15 ALDRICH ST.

Cause of fire OPEN BURNING

Description of building or occupancy:

Owner of building or occupancy:

Owner's address:

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | ☐ Code Red | ☐ Rescue or emergency |
| ☐ Fire in dwelling | XX ☐ Code Yellow | ☐ Water emergency |
| ☐ Fire in brush or grass | ☐ Code Blue | ☐ Lockout |
| XX ☒ Fire in rubbish | | ☐ Accidental alarms |
| ☐ Fire in dump | | ☐ False alarm |
| ☐ Fire in vehicle | | ☐ Miscellaneous alarm (describe) |
| ☐ Miscellaneous fires (describe) | | |

| | EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED |
|---|---|---|---|---|---|
| | Carbon Dioxide | | Booster | | Aerial |
| | Dry Chemical | | 1½ Inch Hose | | Over 35 Feet |
| | Foam | | 2½ Inch Hose | | Under 35 Feet |
| | Pump Cans | | 3 Inch Hose | | SALVAGE COVERS |
| | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| | | | | | |
| | | | | | |
| | | | | | |

### APPARATUS REPORT

Working time of pump: Hours: minutes:

Defects on apparatus after alarm (if any):

Companies responding:

Engines(s) #1. Ladder(s) Rescue(s) Car:

Other companies responding:

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| CAPT. C. SALISBURY | | |
| B. DI GIULIO | | |
| D. BAZZLE | | |
| | | |
| | | |
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| VEHICLE | STATION | ON SCENE |
|---|---|---|
| | LT. E. DI GIULIO | |
| | | |
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| | | |
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| | | |

REMARKS: OPEN BURNING. OUT ON ARRIVAL.

B. Di Giulio
SIGNED BY:

B. DI GIULIO
PERSON IN CHG.

## NORTH PROVIDENCE FIRE DEPARTMENT

# Primary Fire District Report

Company CENTREDALE Company Alarm # 434 N. P. File # 1065

Date: 10/24/74
MONTH DAY YEAR

Time alarm received 4:27 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 4:50 P M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) VINELAND ST.

Cause of fire CAT IN TREE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | ☐ Code Red | ☐ Rescue or emergency |
| ☐ Fire in dwelling | ☐ Code Yellow | ☐ Water emergency |
| ☐ Fire in brush or grass | ☐ Code Blue | ☐ Lockout |
| ☐ Fire in rubbish | | ☐ Accidental alarms |
| ☐ Fire in dump | | ☐ False alarm |
| ☐ Fire in vehicle | | XX Miscellaneous alarm (describe) |
| ☐ Miscellaneous fires (describe) | | CAT IN TREE |

| | EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED |
|---|---|---|---|---|---|
| | Carbon Dioxide | | Booster | 60' | Aerial |
| | Dry Chemical | | 1½ Inch Hose | | Over 35 Feet |
| | Foam | | 2½ Inch Hose | | Under 35 Feet |
| | Pump Cans | | 3 Inch Hose | | SALVAGE COVERS |
| | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| | | | | | |
| | | | | | |
| | | | | | |

## APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) ____ Ladder(s) #1. Rescue(s) ____ Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| | LT. E. DI GIULIO | |
| | E. PELLAND | |
| | B. DI GIULIO | |
| | | |
| | | |
| | | |
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| VEHICLE | STATION | ON SCENE |
|---|---|---|
| | CHIEF E. DI GIULIO | |
| | CAPT. J. MURPHY | |
| | CAPT. C. SALISBURY | |
| | T. PERNA | |
| | D. BAZZLE | |
| | | |
| | | |
| | | |
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| | | |

REMARKS: CAT IN TREE. REQUEST CAME FROM DOG OFFICER FOR HELP.

E. Di Giulio

SIGNED BY:

E. PELLAND

PERSON IN CHG.

# NORTH PROVIDENCE FIRE DEPARTMENT

## Secondary Fire District Report

Company CENTREDALE Company Alarm # 435 N. P. File # 1068

Date: 10/24/74
MONTH DAY YEAR

Time alarm received 8:53 P M Number of miles traveled 3

Time back in service ____ M

Time back at station 8:59 P M

Alarm received by: Box # 432 Phone ____ Other ____ (Describe)

Location of alarm: (Street and Number) HAWKINS & SAMPOSN

Cause of fire BLUE

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | ☐ Code Red | ☐ Rescue or emergency |
| ☐ Fire in dwelling | ☐ Code Yellow | ☐ Water emergency |
| ☐ Fire in brush or grass | ☒ Code Blue | ☐ Lockout |
| ☐ Fire in rubbish | | ☐ Accidental alarms |
| ☐ Fire in dump | | ☐ False alarm |
| ☐ Fire in vehicle | | ☐ Miscellaneous alarm (describe) |
| ☐ Miscellaneous fires (describe) | | |

| | EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED |
|---|---|---|---|---|---|
| | Carbon Dioxide | | Booster | | Aerial |
| | Dry Chemical | | 1½ Inch Hose | | Over 35 Feet |
| | Foam | | 2½ Inch Hose | | Under 35 Feet |
| | Pump Cans | | 3 Inch Hose | | SALVAGE COVERS |
| | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| | | | | | |
| | | | | | |
| | | | | | |

### APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #7. 6. Ladder(s) #1. Rescue(s) ____ Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| | E. PELLAND | |
| | D:FORTIN | |
| | R. RATHIER | |
| | D. BAZZLE | |
| | R. PAQUET | |
| | | |
| | | |
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| VEHICLE | STATION | ON SCENE |
|---|---|---|
| | CHIEF E. DI GIULIO | |
| | L. CALISE | |
| | | |
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REMARKS: CODE BLUE FROM ENG.#7.

B. Di Giulio
SIGNED BY:

D. FORTIN
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

# Primary Fire District Report

Company CENTREDALE Company Alarm # 436 N. P. File # 1077

Date: 10/28/74 (MONTH / DAY / YEAR)

Time alarm received 3:19 P M Number of miles traveled 5

Time back in service 3:30 P M

Time back at station 3:34 P M

Alarm received by: Box # _____ Phone XX Other _____ (Describe)

Location of alarm: (Street and Number) END OF SAVOY ST.

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | ☐ Code Red | ☐ Rescue or emergency |
| ☐ Fire in dwelling | XX Code Yellow | ☐ Water emergency |
| XX Fire in brush or grass | ☐ Code Blue | ☐ Lockout |
| ☐ Fire in rubbish | | ☐ Accidental alarms |
| ☐ Fire in dump | | ☐ False alarm |
| ☐ Fire in vehicle | | ☐ Miscellaneous alarm (describe) |
| ☐ Miscellaneous fires (describe) | | |

| EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED | |
|---|---|---|---|---|---|
| | Carbon Dioxide | 30' | Booster 1" | | Aerial |
| | Dry Chemical | | 1½ Inch Hose | | Over 35 Feet |
| | Foam | | 2½ Inch Hose | | Under 35 Feet |
| 1 | Pump Cans | | 3 Inch Hose | SALVAGE COVERS | |
| | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| | | | | | |
| | | | | | |
| | | | | | |

## APPARATUS REPORT

Working time of pump: Hours: _____ minutes: 5

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) #1. Ladder(s) _____ Rescue(s) _____ Car: _____

Other companies responding: _____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| CAPT. C. SALISBURY | | |
| D. FORTIN | | |
| J. MOLLO | | |
| D. BAZZLE | | |
| L. CALISE | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| VEHICLE | STATION | ON SCENE |
|---|---|---|
| CAPT. J. MURPHY | R. RATHIER | |
| | D. HOUDE | |
| | B. DI GIULIO | |
| | | |
| | | |
| | | |
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| | | |
| | | |

REMARKS: SAMLL BRUSH FIRE.

SIGNED BY:

J. MOLLO
PERSON IN CHG.

# NORTH PROVIDENCE FIRE DEPARTMENT

## Secondary Fire District Report

Company CENTREDALE Company Alarm # 437 N. P. File # 1082

Date: 10/29/74 (MONTH / DAY / YEAR)

Time alarm received 9:27 P M Number of miles traveled 4

Time back in service ____ M

Time back at station 9:33 P M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) WOONASQUTUCKET AVE.

Cause of fire BOILER BACKFIRE

Description of building or occupancy: JOHNNY's TAVERN

Owner of building or occupancy: ____

Owner's address: ____

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| XX Fire in building | ☐ Code Red | ☐ Rescue or emergency |
| ☐ Fire in dwelling | XX ☐ Code Yellow | ☐ Water emergency |
| ☐ Fire in brush or grass | ☐ Code Blue | ☐ Lockout |
| ☐ Fire in rubbish | | ☐ Accidental alarms |
| ☐ Fire in dump | | ☐ False alarm |
| ☐ Fire in vehicle | | ☐ Miscellaneous alarm (describe) |
| ☐ Miscellaneous fires (describe) | | |

| EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED | |
|---|---|---|---|---|---|
| | Carbon Dioxide | | Booster | | Aerial |
| | Dry Chemical | | 1½ Inch Hose | | Over 35 Feet |
| | Foam | | 2½ Inch Hose | | Under 35 Feet |
| | Pump Cans | | 3 Inch Hose | SALVAGE COVERS | |
| | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| | | | | 1 | SMOKE EJECTOR |
| | | | | | |
| | | | | | |

### APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) #6.7.1. Ladder(s) #1. Rescue(s) ____ Car: ____

Other companies responding: ____

MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| CHIEF E. DI GIULIO | LT. F. BURSIE | |
| CAPT. J. MURPHY | E. PELLAND | |
| D. FORTIN | R. RATHIER | |
| D. HOUDE | R. PARENTEAU | |
| T. PERNA | | |
| D. BAZZLE | | |
| | | |
| | | |
| | | |
| | | |
| **VEHICLE** | **STATION** | **ON SCENE** |
| L. CALISE | H. DARBY | |
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REMARKS: BOILER BACKFIRE, CODE YELLOW FOR ENG.#6, & LADDER#1.

SIGNED BY:

CHIEF E. DI GIULIO
PERSON IN CHG.

## NORTH PROVIDENCE FIRE DEPARTMENT

# Primary Fire District Report

Company CENTREDale Company Alarm # 438 N. P. File # 1083

Date: 10 (MONTH) 30 (DAY) 74 (YEAR)

Time alarm received 3:45 p M Number of miles traveled 5

Time back in service 4:13 P M

Time back at station 4:15 P M

Alarm received by: Box # _____ Phone XX Other _____ (Describe)

Location of alarm: (Street and Number) JOSLIN ST

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | ☐ Code Red | ☐ Rescue or emergency |
| ☐ Fire in dwelling | ☒ Code Yellow | ☐ Water emergency |
| ☒ Fire in brush or grass | ☐ Code Blue | ☐ Lockout |
| ☐ Fire in rubbish | | ☐ Accidental alarms |
| ☐ Fire in dump | | ☐ False alarm |
| ☐ Fire in vehicle | | ☐ Miscellaneous alarm (describe) |
| ☐ Miscellaneous fires (describe) | | |

| EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED | |
|---|---|---|---|---|---|
| | Carbon Dioxide | 150' | Booster | | Aerial |
| | Dry Chemical | | 1½ Inch Hose | | Over 35 Feet |
| | Foam | | 2½ Inch Hose | | Under 35 Feet |
| 2 | Pump Cans | | 3 Inch Hose | SALVAGE COVERS | |
| 1 | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| | | | | | |
| | | | | | |
| | | | | | |

### APPARATUS REPORT

Working time of pump: Hours: _____ minutes: 10

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 1 Ladder(s) _____ Rescue(s) _____ Car: _____

Other companies responding: _____

**MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)**

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| LT E. DI GIULIO | | |
| J. MOLL O | | |
| E. PELLAND | | |
| D. BAZZLE | | |
| | | |
| | | |
| | | |
| | | |
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| VEHICLE | STATION | ON SCENE |
|---|---|---|
| W. DRAPER JR | W. ROY | |
| W. DRAPER SR | B. DI GIULIO | |
| | | |
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**REMARKS:** BRUSH ON TOP OF HILL

Lt E. Di Giulio
SIGNED BY:

J. MOLLO
PERSON IN CHG.

## NORTH PROVIDENCE FIRE DEPARTMENT

# Primary Fire District Report

Company CENTREDALE Company Alarm # 439 N. P. File # 1084

Date: 10 (MONTH) 31 (DAY) 74 (YEAR)

Time alarm received 12:05 A M Number of miles traveled 7

Time back in service ____ M

Time back at station 1:46 A M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) JOHNSTON HQ. (STAND- BY )

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | ☐ Code Red | ☐ Rescue or emergency |
| ☐ Fire in dwelling | ☐ Code Yellow | ☐ Water emergency |
| ☐ Fire in brush or grass | ☐ Code Blue | ☐ Lockout |
| ☐ Fire in rubbish | | ☐ Accidental alarms |
| ☐ Fire in dump | | ☐ False alarm |
| ☐ Fire in vehicle | | ☐ Miscellaneous alarm (describe) |
| ☐ Miscellaneous fires (describe) | | |

| | EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED |
|---|---|---|---|---|---|
| | Carbon Dioxide | | Booster | | Aerial |
| | Dry Chemical | | 1½ Inch Hose | | Over 35 Feet |
| | Foam | | 2½ Inch Hose | | Under 35 Feet |
| | Pump Cans | | 3 Inch Hose | | SALVAGE COVERS |
| | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| | | | | | |
| | | | | | |
| | | | | | |

### APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) ____ Ladder(s) 1 Rescue(s) ____ Car: ____

Other companies responding: ____

**MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)**

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| | RES. LT RUGGIANO | |
| | D. FORTIN | |
| | D. HOUDE | |
| | N. PHELAND | |
| | J. MOLLO | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **VEHICLE** | **STATION** | **ON SCENE** |
| LT E. DI GIULIO | CHIEF E. DI GIULIO | |
| | CAPT J. MURPHY | |
| | W. ROY | |
| | F. ROETELLA | |
| | | |
| | | |
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**REMARKS:** MUTUAL AID STAND- BY

Lt Ernest M. Heinlein
SIGNED BY:

RES LT P. RUGGIANO
PERSON IN CHG.

NORTH PROVIDENCE FIRE DEPARTMENT

# Primary Fire District Report

Company CENTREDALE Company Alarm # 440 N. P. File # 1085

Date: 10 (MONTH) 31 (DAY) 74 (YEAR)

Time alarm received 12:25 A M Number of miles traveled 8

Time back in service ____ M

Time back at station 1:45 A M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) JOHNSTON HQ. ( STAND- BY )

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | ☐ Code Red | ☐ Rescue or emergency |
| ☐ Fire in dwelling | ☐ Code Yellow | ☐ Water emergency |
| ☐ Fire in brush or grass | ☐ Code Blue | ☐ Lockout |
| ☐ Fire in rubbish | | ☐ Accidental alarms |
| ☐ Fire in dump | | ☐ False alarm |
| ☐ Fire in vehicle | | ☐ Miscellaneous alarm (describe) |
| ☐ Miscellaneous fires (describe) | | |

| | EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED |
|---|---|---|---|---|---|
| | Carbon Dioxide | | Booster | | Aerial |
| | Dry Chemical | | 1½ Inch Hose | | Over 35 Feet |
| | Foam | | 2½ Inch Hose | | Under 35 Feet |
| | Pump Cans | | 3 Inch Hose | | SALVAGE COVERS |
| | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| | | | | | |
| | | | | | |
| | | | | | |

## APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1 Ladder(s) ____ Rescue(s) ____ Car: ____

Other companies responding: ____

**MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)**

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| CHIEF E. DI GIULIO | LT P. RUGGIANO | |
| CAPT J. MURPHY | D. FORTIN | |
| W. ROY | D. HOUDE | |
| | N. PHELAND | |
| | J. MOLLO | |
| | F. ROTELLA | |
| | | |
| | | |
| | | |
| | | |

| VEHICLE | STATION | ON SCENE |
|---|---|---|
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**REMARKS:** STAND- BY MUTUAL AID SENT AFTER LADDER 1

Lt. Ernest Di Giulio
SIGNED BY:

CAPT J. MURPHY
PERSON IN CHG.

## NORTH PROVIDENCE FIRE DEPARTMENT

# Primary Fire District Report

Company CENTREDALE Company Alarm # 441 N. P. File # 1086

Date: 10 (MONTH) 31 (DAY) 74 (YEAR)

Time alarm received 9:18 PM Number of miles traveled 2

Time back in service 9:33 PM

Time back at station 9:37 PM

Alarm received by: Box # _____ Phone XX Other _____ (Describe)

Location of alarm: (Street and Number) MINERAL SPRING AVE & BY-PASS

Cause of fire _____

Description of building or occupancy: _____

Owner of building or occupancy: _____

Owner's address: _____

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | ☐ Code Red | XX Rescue or emergency |
| ☐ Fire in dwelling | ☐ Code Yellow | ☐ Water emergency |
| ☐ Fire in brush or grass | ☐ Code Blue | ☐ Lockout |
| ☐ Fire in rubbish | | ☐ Accidental alarms |
| ☐ Fire in dump | | ☐ False alarm |
| ☐ Fire in vehicle | | ☐ Miscellaneous alarm (describe) |
| ☐ Miscellaneous fires (describe) | | AUTO ACCIDENT |

| EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED | |
|---|---|---|---|---|---|
| | Carbon Dioxide | | Booster | | Aerial |
| | Dry Chemical | | 1½ Inch Hose | | Over 35 Feet |
| | Foam | | 2½ Inch Hose | | Under 35 Feet |
| | Pump Cans | | 3 Inch Hose | SALVAGE COVERS | |
| 1 | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| | | | | | |
| | | | | | |
| | | | | | |

### APPARATUS REPORT

Working time of pump: Hours: _____ minutes: _____

Defects on apparatus after alarm (if any): _____

Companies responding: _____

Engines(s) 1 Ladder(s) _____ Rescue(s) 1 Car: _____

Other companies responding: _____

**MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)**

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| CAPT C. SALISBURY | | |
| LT E. DI GIULIO | | |
| J. MOLLO | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
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| VEHICLE | STATION | ON SCENE |
|---|---|---|
| | B. DI GIULIO | D. BAZZLE |
| | | N. PHELAND |
| | | LT P. RUGGIA NO |
| | | |
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**REMARKS:** TWO CAR ACCIDENT

#1 GM 89 65 CHEVELLE

ELLA MORTENSON

113 GREENVILLE AVE, SMITHFIELD

#2 VOLKSWAGON

GEOFFREY GREEN

61 SAVOY ST, PROV

Lt. Ernest Giulio

SIGNED BY:

J. MOLLO

PERSON IN CHG.

# NO. PROVIDENCE FIRE DEPARTMENT

## – SECONDARY RESCUE REPORTS –

RES # 1131
CO# 441

DATE: 10/ 31/ 74 TIME: ARRIVED 9:18 am RETURNED 9:33 am

NAME: ELLA MORTENSON AGE: 61

ADDRESS: 113 GREENVILLE AVE, ALARM BY: PODICE
SMITHFIELD RI

LOCATION OF RESCUE MINERAL SPRING & BY- PASS

## EXAMINATION

SKULL * ABRASION ON THE OCCIPITAL LOBE

EYES * OK

EARS * OK

NOSE * OK

MOUTH * OK

CHEST * OK

ABDOMEN * OK

UPPER EXTREMITIES * OK

LOWER EXTREMITIES * OK

POSITION OF PATIENT WHEN FOUND: SITTING

WAS PATIENT CONSCIOUS? YES

WAS PATIENT COOPERATIVE? (IF NOT EXPLAIN)

PATIENT TRANSPORTED TO: ROGER WILLIAMS

IF PATIENT WAS NOT TRANSPORTED EXPLAIN:

* NORMAL – No visible signs of lacerations, abrasions, discoloration, swelling, bleeding or fractures. No complaints of pain.

REMARKS –– (List First Aid Given, If Any)

BANDAGED ABRASION ON SKULL RES 1 TRANS. TO R.W.G.H.

SIGNED: Lt. Ernest A. Soules OFFICER IN CHARGE: J. MOLLO

RESCUE CO. NO. ENG 1

# NORTH PROVIDENCE FIRE DEPARTMENT

## Primary Fire District Report

Company CENTREDALE Company Alarm # 442 N. P. File # 1088

Date: 10 (MONTH) 31 (DAY) 74 (YEAR)

Time alarm received 8:22 P M Number of miles traveled 2

Time back in service ____ M

Time back at station 8:31 P M

Alarm received by: Box # ____ Phone XX Other ____ (Describe)

Location of alarm: (Street and Number) 16 CENTRAL AVE

Cause of fire ____

Description of building or occupancy: ____

Owner of building or occupancy: ____

Owner's address: ____

| CLASSIFICATION OF ALARM | FIRE CODE | ALARM WITH NO FIRE |
|---|---|---|
| ☐ Fire in building | ☐ Code Red | ☐ Rescue or emergency |
| ☐ Fire in dwelling | ☐ Code Yellow | ☐ Water emergency |
| ☐ Fire in brush or grass | ☐ Code Blue | ☐ Lockout |
| ☐ Fire in rubbish | | ☐ Accidental alarms |
| ☐ Fire in dump | | ☐ False alarm |
| ☐ Fire in vehicle | | XX Miscellaneous alarm (describe) OPEN HYDRANT |
| ☐ Miscellaneous fires (describe) | | |

| EXTINGUISHMENT USED | | TYPE & FEET HOSE LINES USED | | LADDERS USED | |
|---|---|---|---|---|---|
| | Carbon Dioxide | | Booster | | Aerial |
| | Dry Chemical | | 1½ Inch Hose | | Over 35 Feet |
| | Foam | | 2½ Inch Hose | | Under 35 Feet |
| | Pump Cans | | 3 Inch Hose | SALVAGE COVERS | |
| | Brooms | | Other (Describe) | | Number Used |
| | Other (Describe) | | | | Other Equipment |
| 1 | HYD. WRENCH | | | | |
| | | | | | |
| | | | | | |

### APPARATUS REPORT

Working time of pump: Hours: ____ minutes: ____

Defects on apparatus after alarm (if any): ____

Companies responding: ____

Engines(s) 1 Ladder(s) ____ Rescue(s) ____ Car: ____

Other companies responding: ____

**MEN RESPONDING TO ALARM: (Put Names Under Proper Spaces Provided)**

| ENGINE(S) # | LADDER(S) # | RESCUE # |
|---|---|---|
| W. ROY | | |
| D. FORTIN | | |
| R. RATHIER | | |
| D. HOUDE | | |
| W. DRAPER JR | | |
| T. PERNA | | |
| | | |
| | | |
| | | |
| | | |

| VEHICLE | STATION | ON SCENE |
|---|---|---|
| | CHIEF E. DI G(ULIO | |
| | CAPT J. MURPHY | |
| | D. BAZZLE | |
| | H. DARBY | |
| | J. MOLLO | |
| | R. SALISBURY | |
| | | |
| | | |
| | | |
| | | |

**REMARKS:** OPEN HYDRANT

Lt. Ernest A. Smiles
SIGNED BY:

W. ROY
PERSON IN CHG.